



# ARMY FEE ASSISTANCE

## RECERTIFICATION FOR ARMY FEE ASSISTANCE

Each Sponsor/Family enrolled in the Army Fee Assistance (AFA) Program must Recertify for benefits each year in order to validate their continued eligibility. The Recertification process requires specific information and documentation from you and your child care provider. Incomplete Recertification packages cannot be processed and may result in a delay in processing your paperwork and payments to your Child Care Provider

## COMPLETE AND SUBMIT YOUR RECERTIFICATION PACKAGE

- Application must be completed in full
- Application must signed and dated by the Sponsor

## ATTACH REQUIRED DOCUMENTATION

- Current LES
- Current Spouse/Partner Pay Statements for **a minimum of 15 consecutive days** and/or their most current **student** school schedule
- Orders or SF-50/DA3434
- Provider Cost Verification Form (signed by your Child Care Provider) per child

## RECERTIFICATION NOTES

- Must provide valid military/government email address on application.
- Spouse/Partner must continue to be employed and/or enrolled in school
- Child must continue to be enrolled in order for benefits to be approved.
- Child Care Provider must be an approved participant with current information on file in order for application to be processed.
  - ✓ Child Care Provider Directory: <http://www.gsa.gov/portal/content/205843>
  - ✓ Website for Providers to enroll as a participating provider: <http://www.gsa.gov/portal/category/107371>
- If you are changing Child Care Providers and the Provider you are using is not already approved, your Recertification for AFA will be delayed as the Provider will need to complete the application process.
- Sending all documents in PDF format will avoid delays due to illegible information that must be re-sent.
- You will receive an automated email response when your Recertification is submitted via email. The email will provide you a case number and instructions for corresponding about your application.
- Due to the number of faxes received we cannot immediately confirm that your fax was received (refer to your fax confirmation). If you want immediate confirmation, please submit via email.

GSA Subsidy Administration contact information:

Phone: (866) 508-0371  
Fax: (816) 823-5410  
Email: [army.childcare@gsa.gov](mailto:army.childcare@gsa.gov)

Address: GSA Subsidy Administration  
Two Pershing Square  
2300 Main Street, 2SE  
Kansas City, MO 64108

Thank you for your service.



**GSA Subsidy Administration Section**

2300 Main St - 2SE, KCMO 64108

Tel: (866) 508-0371 • Fax: (816) 823-5410

[army.childcare@gsa.gov](mailto:army.childcare@gsa.gov)

Army 2015-15



## Army Fee Assistance Sponsor/Family Application

Type of Application:      Initial Application      Annual Recertification      Change/Update to Sponsor/Family Information

Applications that are not fully completed or do not contain the information below cannot be processed. By completing this form, you attest that the information is true and accurate.

### Section I - Parent / Legal Guardian

Name of Qualifying Army Sponsor (Last, first, middle initial)	Social Security Number	Rank/Grade
Work Address (Include street, city, state and zip code)	Work email address (MANDATORY)	
	Work telephone number	
Home Address (Include street, city, state and zip code)	Home email address	
	Alternate phone number	

Army Sponsor Status:      Single      Couple      Separated      Married      Divorced

Eligibility Status of Army Sponsor, check all that apply:

<input type="checkbox"/> Army Active Duty	<input type="checkbox"/> DA Civilian
<input type="checkbox"/> Army Reserve: Title 10 _____	<input type="checkbox"/> Survivor of Fallen Soldier (SOS)
<input type="checkbox"/> Army National Guard: Title 10 _____ Title 32 _____	<input type="checkbox"/> Recruiter
<input type="checkbox"/> Wounded Warrior (WTU & WTB)	<input type="checkbox"/> Unit/Command: _____
<input type="checkbox"/> Special Operations Command (SOCOM)	

### Section II - Authorized Individuals who may Act/Receive Army Fee Assistance (AFA) Information on Sponsor's Behalf

Name: _____ Last 4 of SSN: _____ DOB: _____
Email address: _____
Name: _____ Last 4 of SSN: _____ DOB: _____
Email address: _____

By providing the Information above, you authorize the release of Army Fee Assistance (AFA) child care subsidy information until the person/person(s) authorization is revoked in writing and you receive confirmation from the GSA Subsidy Administration Section that your case file has been updated accordingly.

### Section III - Spouse / Partner

Spouse/Partner Name	Eligibility Status (Spouse/Partner must be working or attending school in order to qualify for Fee Assistance): _____ Employed _____ Student
Employer	College/University
Number of hours worked per week:	Enrollment/Semester start date:
If federally employed, provide Grade/Rank:	Number of credit hours: _____ Graduate _____ Undergraduate
*Spouse/Partner is seeking employment and/or enrolling school:      Yes      No	Please note that AFA benefits are authorized a maximum of 90 days for the Spouse/Partner to seek employment and/or enroll in school. Sponsor must submit 30 days of pay statements or a valid school schedule within 90 days of authorized AFA in order to remain eligible for benefits.



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Section III - Child Information

List information for all children for whom you are applying for Army Fee Assistance beginning with youngest child

Name of Child	Name of child care provider
Date of birth (MM/DD/YYYY):	Enrollment Date (MM/DD/YYYY):
Does the child named above reside in the home with the qualifying Army Sponsor: _____ Yes _____ *No	
*If No, please provide an explanation, location and with whom the child resides:	
Type of care provided: _____ Full Time (25 + hours per week) _____ Part Time (16 - 25 hours per week) _____ Before School only _____ After School only _____ Before & After School Care _____ Respite Care	
Is any other form of state, county or local subsidy being received on behalf of this child? _____ *Yes _____ No	
*If yes, please provide source: _____ Amount of other subsidy: \$ _____	
Name of Child	Name of child care provider
Date of birth (MM/DD/YYYY):	Enrollment Date (MM/DD/YYYY):
Does the child named above reside in the home with the qualifying Army Sponsor: _____ Yes _____ *No	
*If No, please provide an explanation, location and with whom the child resides:	
Type of care provided: _____ Full Time (25 + hours per week) _____ Part Time (16 - 25 hours per week) _____ Before School only _____ After School only _____ Before & After School Care _____ Respite Care	
Is any other form of state, county or local subsidy being received on behalf of this child? _____ *Yes _____ No	
*If yes, please provide source: _____ Amount of other subsidy: \$ _____	
Name of Child	Name of child care provider
Date of birth (MM/DD/YYYY):	Enrollment Date (MM/DD/YYYY):
Does the child named above reside in the home with the qualifying Army Sponsor: _____ Yes _____ *No	
*If No, please provide an explanation, location and with whom the child resides:	
Type of care provided: _____ Full Time (25 + hours per week) _____ Part Time (16 - 25 hours per week) _____ Before School only _____ After School only _____ Before & After School Care _____ Respite Care	
Is any other form of state, county or local subsidy being received on behalf of this child? _____ *Yes _____ No	
*If yes, please provide source: _____ Amount of other subsidy: \$ _____	



## Army Fee Assistance Sponsor/Family Application - Page 3

### Section IV - Certification of Army Sponsor

- > Sponsor/Family is financially responsible for all child care costs until they have received written notification that an AFA Benefit has been awarded.
- > Families are eligible for Army Fee Assistance (AFA) only if/when their application has been approved.
- > Families participating in other subsidy or Fee Assistance programs may be eligible for AFA; however the AFA is calculated after these discounts have been applied to the standard rate.
- > This benefit will continue on the Sponsor's behalf as long as he/she remains an eligible employee of the Army. Any change in your status with the Army must be reported to the GSA Child Care Subsidy Section immediately for further review.
- > You must notify the GSA Subsidy Administration Section if and when your child is no longer enrolled with the qualified child care provider identified on your application. The subsidy is not transferable to another child care provider. You must reapply for the Fee Assistance should you change child care arrangements.
- > You are responsible for reporting any changes in your personal and/or financial situation, or that of your spouse/partner, that may affect your status as an Army Fee Assistance recipient; such as, but not limited to, any change in employment, school enrollment, marriage, divorce, a spouse/partner who has entered or left the home, etc. Failure to promptly report any change to the GSA Subsidy Administration Section that causes an erroneous payment on your behalf may result in your Fee Assistance being terminated and subsequent collection action of the erroneous payment from you.
- > Any program policy infraction including but not limited to providing incorrect and/or incomplete financial information data, knowingly or unknowingly which causes an overpayment of AFA may result in disqualification from the program. This includes information and/or statements provided at the time of application or anytime throughout your enrollment in the AFA Program. In conclusion, repayment of AFA paid to your child care provider on your behalf will be required due a misrepresentation of information.
- > Parents who misrepresent information used to calculate their Fee Assistance may have their Fee Assistance terminated and be subject to the Uniform Code of Military Justice (UCMJ) and/or other legal consequences.
- > Invoices must be signed by a child care program representative along with the Sponsor, Spouse or Power of Attorney and submitted to the GSA on a monthly basis in order for AFA to be paid.
- > Any change to the Families cost for any reason must be reported to the GSA as soon as it has been identified.
- > If your child cares provider's current standing with the state child care licensing authority changes or is revoked, this information must be reported to the GSA immediately.
- > As an eligible Army Sponsor/Parent, you agree to provide any and all information re-requested by the GSA and/or Army in order to check the validity of all documents related to your application, eligibility, and invoices/attendance records.
- > Due to the variation of oversight and regulation in different states and based upon official Army guidance, the GSA reserves the right to determine which types of child care providers in each state meet the minimum eligibility requirements for participation in AFA Programs.
- > Any program policy infraction including but not limited to providing incorrect and/or in-complete financial data, knowingly or unknowingly which causes an overpayment of AFA may result in disqualification from the program. In addition repayment of monies paid to the provider on your behalf due to this misrepresentation will be required.

I certify that:

- ✓ I am the parent or legal guardian of the child(ren) listed and I may be required to submit proof of such, in order to receive reduced fee child care.
- ✓ All information submitted as part of my application is true and correct.
- ✓ All family income of the spouse/partner and Army sponsor is reported.
- ✓ Army and GSA officials may verify any information on this application at any time they deem necessary.
- ✓ Eligibility for the reduced child care fee is determined based on Army eligibility requirements and operational guidance.
- ✓ I must select a qualified and eligible child care provider/program that meets the qualifications necessary to participate in the Army Fee Assistance program. Providers who do not qualify will not be reimbursed.
- ✓ AFA payments will only be made directly to the child care provider/program, and not me.
- ✓ I understand that AFA is not an entitlement program and is subject to the availability of funds

I understand that it is a Federal crime under United States Code (USC) 18, Section 1001, to make a false statement on this form. If I make a false statement, I agree to be subject to criminal prosecution and punishment including a fine, imprisonment or both. In addition, I may be subject to administrative punishment to include the termination of my federal Misrepresentation or falsifying this information may subject the individual to prosecution under the Uniform Code of Military Justice (UCMJ) and/or applicable State and Federal Laws.

I certify that the above information is true and correct to the best of my knowledge.

\_\_\_\_\_  
*Signature of Qualifying Army Sponsor*

\_\_\_\_\_  
*Date of Certification (MM/DD/YYYY)*

#### Privacy Act Statement

Public Law 104-134 (April 26, 1996) requires that any person doing business with the Federal Government furnish a Social Security Number or Tax Identification Number (TIN). This is an amendment to Title 31, Section 7701. The primary use of information regarding family income (copies of pay statements and tax returns), name of current child care provider, copies of provider's license, letter of Accreditation, statement of compliance, and information about other child care subsidies is also used to determine eligibility for Fee Assistance. Disclosure of the above information is voluntary, but failure to provide all of the requested information may result in the denial of your application.



# ARMY FEE ASSISTANCE

## Provider Cost Verification Form Children Ages 0 - Preschool

Provider Name: \_\_\_\_\_

Vendor/TIN # \_\_\_\_\_ Email: \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Remit to Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### Provider Billing Method

Calendar Month (1st - Final Day of Month) \_\_\_\_\_

4/5 Week Billing: Provide Day of Week \_\_\_\_\_

Family Action: New Family Enrollment Rate Change Attendance Change Adding Child Recertification

Printed Name of Qualifying Sponsor: Last: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

### Child Information

Child Name \_\_\_\_\_

Child Date of Birth \_\_\_\_\_ Enrollment Date \_\_\_\_\_

Does the child qualify for any discounts \_\_\_\_\_ Type of Discount \_\_\_\_\_

### Registration / Enrollment Fee

Registration Fee \$ \_\_\_\_\_ Enrollment Fee \$ \_\_\_\_\_ Maximum Fee to be paid by Army, \$150.00 per child, per provider, per year.

### Current Child Enrollment and Care Information (Please provide cost below after any and all discounts)

Effective Date \_\_\_\_\_

Full Time: (25 or more hours of care per week) Monthly Rate \$ \_\_\_\_\_ Weekly Rate \$ \_\_\_\_\_

or

Part Time: (16 -25 hours of care per week) Monthly Rate \$ \_\_\_\_\_ Weekly Rate \$ \_\_\_\_\_

Number of Days per Week \_\_\_\_\_ Number of Hours per Week \_\_\_\_\_

### Rate/Attendance Changes to be Processed within the Next 12 Months (Please provide cost below after any and all discounts)

Effective Date \_\_\_\_\_

Full Time: (25 or more hours of care per week) Monthly Rate \$ \_\_\_\_\_ Weekly Rate \$ \_\_\_\_\_

or

Part Time: (16 -25 hours of care per week) Monthly Rate \$ \_\_\_\_\_ Weekly Rate \$ \_\_\_\_\_

Number of Days per Week \_\_\_\_\_ Number of Hours per Week \_\_\_\_\_

Effective Date \_\_\_\_\_

Full Time: (25 or more hours of care per week) Monthly Rate \$ \_\_\_\_\_ Weekly Rate \$ \_\_\_\_\_

or

Part Time: (16 -25 hours of care per week) Monthly Rate \$ \_\_\_\_\_ Weekly Rate \$ \_\_\_\_\_

Number of Days per Week \_\_\_\_\_ Number of Hours per Week \_\_\_\_\_

Providers who misrepresent information used to calculate Fee Assistance/Child Care Subsidy Benefit may have their Fee Assistance/Child Care Subsidy terminated and would be removed from the GSA Subsidy Administration Program as a qualifying child care provider.

Printed Name of Qualifying Child Care Provider completing this form

Phone Number

Signature of Provider completing this form

Date

\*Child care rates & fees must be submitted to the GSA Subsidy Administration Section annually. Only one rate change per year will be accepted for calculation purposes.

GSA Subsidy Administration Section  
2300 Main Street - 2SE, Kansas City, MO 64108  
Tel: (866) 508-0371 • Fax: (816) 926-3642  
[army.childcare@gsa.gov](mailto:army.childcare@gsa.gov)  
ARMY 2015-01



# ARMY FEE ASSISTANCE

## Provider Cost Verification Form School Children Ages 5 & Above

Provider Name: \_\_\_\_\_

Vendor/TIN # \_\_\_\_\_ Email: \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Remit to Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### Provider Billing Method

Calendar Month (1st - Final Day of Month) \_\_\_\_\_

4/5 Week Billing: Provide Day of Week \_\_\_\_\_

Family Action: **New Family Enrollment** **Rate Change** **Attendance Change** **Adding Child** **Recertification**

Printed Name of Qualifying Sponsor: Last: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

### Child Information

Child Name \_\_\_\_\_

Child Date of Birth \_\_\_\_\_ Enrollment Date \_\_\_\_\_

Does the child qualify for any discounts \_\_\_\_\_ Type of Discount \_\_\_\_\_

### Registration / Enrollment Fee

Registration Fee \$ \_\_\_\_\_ Enrollment Fee \$ \_\_\_\_\_ *Maximum Fee to be paid by Army, \$150.00 per child, per provider, per year.*

### Child Enrollment and Care information for School Based Care (Please provide cost below after any and all discounts)

Effective Date \_\_\_\_\_ Before School \_\_\_\_\_ After School \_\_\_\_\_ Before & After School \_\_\_\_\_

Daily Rate \$ \_\_\_\_\_ Weekly Rate \$ \_\_\_\_\_ Monthly Rate \$ \_\_\_\_\_

\* Is the full day care listed below charged in addition to the Before School, After School or Before & After School Care? Yes No

Daily Rate when school is not in session \$ \_\_\_\_\_

### Child Enrollment and Care information for Summer Enrollment (Please provide cost below after any and all discounts)

Effective/Beginning Date \_\_\_\_\_ End Date \_\_\_\_\_

Daily Rate \$ \_\_\_\_\_ or Weekly Rate \$ \_\_\_\_\_

### Rate/Attendance Changes to be Processed within the Next 12 Months for School Based Care (Please provide cost below after any and all discounts)

Effective Date \_\_\_\_\_ Before School \_\_\_\_\_ After School \_\_\_\_\_ Before & After School \_\_\_\_\_

Daily Rate \$ \_\_\_\_\_ Weekly Rate \$ \_\_\_\_\_ Monthly Rate \$ \_\_\_\_\_

\* Is the full day care listed below charged in addition to the Before School, After School or Before & After School Care? Yes No

Daily Rate when school is not in session \$ \_\_\_\_\_

### Rate/Attendance Changes to be Processed within the Next 12 Months for Summer Enrollment (Please provide cost below after any and all discounts)

Effective/Beginning Date \_\_\_\_\_ End Date \_\_\_\_\_

Daily Rate \$ \_\_\_\_\_ or Weekly Rate \$ \_\_\_\_\_

Providers who misrepresent information used to calculate Fee Assistance/Child Care Subsidy Benefit may have their Fee Assistance/Child Care Subsidy terminated and would be removed from the GSA Subsidy Administration Program as a qualifying child care provider.

Printed Name of Qualifying Child Care Provider completing this form

Phone Number

Signature of Provider completing this form

Date

\*Child care rates & fees must be submitted to the GSA Subsidy Administration Section annually. Only one rate change per year will be accepted for calculation purposes.

GSA Subsidy Administration Section  
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[army.childcare@gsa.gov](mailto:army.childcare@gsa.gov)  
ARMY 2015-01



# ARMY FEE ASSISTANCE

## Army Fee Assistance (AFA) Certification of Higher Education

The Army Fee Assistance Program requires that the spouse/partner of the qualifying Army Sponsor be attending working or school in order to qualify for benefits under the AFA Program. For Sponsor's whose spouse/partner is a student, this form must be completed and returned to the GSA in order to determine your eligibility to receive benefits under the AFA Program.

***This form must be completed and returned to the GSA in addition to the student's school schedule and/or enrollment information***

Student's Name: \_\_\_\_\_

School Name: \_\_\_\_\_

Graduate: \_\_\_\_\_ Undergraduate: \_\_\_\_\_

Start Date: \_\_\_\_\_

Semester End Date: \_\_\_\_\_

Student's expected enrollment: Spring \_\_\_\_\_ Summer \_\_\_\_\_ Fall \_\_\_\_\_ Winter \_\_\_\_\_

Expected Graduation Date: \_\_\_\_\_

Child Care needed: \_\_\_\_\_ Part Time \_\_\_\_\_ Full Time

I will notify the General Services Administration (GSA) at (866) 508-0371 to report change in my spouse/partner's attendance and will provide updated information as applicable.

I understand that each time my spouse/partner receives updated school schedule and/or enrollment information, that I must provide a copy of the document to the GSA in order to validate my continued eligibility in the AFA Program.

I further understand that my Child Care Subsidy benefit will be discontinued if my spouse/partner does not maintain full time enrollment as stated above.

Misrepresentation or falsifying this information may subject the individual to prosecution under the Uniform Code of Military Justice (UCMJ) and/or applicable State and Federal Laws.

\_\_\_\_\_  
**Signature of qualifying Army Sponsor**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed name of Army Sponsor**

\_\_\_\_\_  
**Spouse/Partner's Signature**

\_\_\_\_\_  
**Date**

